

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT**
(FOR CANDIDATES)This Report Covers Calendar Year: 2014☒ ORIGINAL REPORT☐ AMENDED REPORT☒ I currently hold an office that would require me to file a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.Office/Position Sought: GOVERNORIncumbent: ☐ Yes ☒ NoDate of Election: 10/24/15Name of Filer (print full name): SCOTT A. ANGELLEAddress (residence): 4349 MAIN HIGHWAYCity, State, Zip: BREAUX BRIDGE, LA 70517Name of Spouse (if applicable) (print full name): DIANNE B. ANGELLESpouse's Occupation: COLLEGE STUDENT / VOLUNTEER COUNSELORPrincipal Business Address: 4349 MAIN HIGHWAYCity, State, Zip: BREAUX BRIDGE, LA 70517

Check all that apply:

☐ I have filed my state income tax return for the previous year.☒ I have filed for an extension of my state income tax return for the previous year.☐ I have filed my federal income tax return for the previous year.☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and R.S. 42:1124.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

☐ I am a candidate in an election to be held prior to April 15 and I have not filed my tax return for the previous year.**Certification of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me this 15th day of September, 2015.Jordan Parker

Notary Public (print name)

[Signature]

Notary Public (signature)

ID# Bar roll # 35276Date Commission Expires with life**HAND DELIVERED**

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-TimeName of Employer: LOUISIANA PUBLIC SERVICE COMMISSIONJob Title: COMMISSION MEMBERJob Description: MGMT OF ACTIVITIES PRESCRIBED BY LA. LAW☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- You are required to complete SCHEDULE A to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

LOUISIANA BOARD OF ETHICS

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Schedule B: Positions - Business

☐ Check if not applicable

| |
|---|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>100</u> % Name of Business: <u>PLANNING STRATEGIES, INC</u> Address: <u>4349 MAIN HIGHWAY</u> City, State, Zip: <u>BRENN BRIDGE, LA 70517</u> Business Description: <u>LLC - MANAGEMENT</u> Nature of Association: <u>MEMBER</u> |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>12.5</u> % Name of Business: <u>ANGELLE ENTERPRISES, INC</u> Address: <u>1306 SOUTH MAIN</u> City, State, Zip: <u>BRENN BRIDGE, LA 70517</u> Business Description: <u>CORPORATION - INHERITED FAMILY OWNED PROPERTY</u> Nature of Association: <u>SHAREHOLDER</u> |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>N/A</u> % Name of Business: <u>SYNOCU PARTNERS, LLC</u> Address: <u>1818 MARKET ST, SUITE 1500</u> City, State, Zip: <u>PHILADELPHIA, PA 19103</u> Business Description: <u>LLC - LOGISTICS</u> Nature of Association: <u>INDEPENDENT DIRECTOR</u> |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>N/A</u> % Name of Business: <u>FARMERS-MERCHANTS BANK & TRUST</u> Address: <u>100 SOUTH MAIN STREET</u> City, State, Zip: <u>BRENN BRIDGE, LA 70517</u> Business Description: <u>BANK ENTITY - SUB S</u> Nature of Association: <u>DIRECTOR</u> |

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable☐ Filer ☒ Spouse ☐ BothAmount of Interest (where interest exceeds 10%): 100 %Name of Business: DIANNE B. ANGELLE, LLCAddress: 4349 MAIN HIGHWAYCity, State, Zip: BEGAN BRIDGE, LA 70517Business Description: COUNSELOR SERVICES - NO INCOMENature of Association: MEMBER☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**SCHEDULE C: POSITIONS – NONPROFIT**☒ Check if not applicable☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Other Offices/Positions Held**

(Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement)

☐ Check if not applicableName of Office/Position: MEMBER, LOUISIANA STATE UNIVERSITY BOARD OF SUPERVISORSName of Office/Position: MEMBER, LOUISIANA WATER RESOURCES COMMISSIONName of Office/Position: MEMBER, LOUISIANA COASTAL PORT ADVISORY AUTHORITYName of Office/Position: MEMBER, SOUTHERN STATES ENERGY BOARD

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2, 42:1124.2.1, or 42:1124.3.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Immovable Property**

(where the value of the interest in the parcel exceeds \$2,000)

☐ Check if not applicable

| | | |
|--|---|---|
| Address or Location of Property: _____ | | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both |
| State: <u>LA</u> | Parish/County: <u>ST. MARTIN</u> | |
| Address: <u>4349 MAIN HIGHWAY, BREAU BRIDGE, LA 70517</u> | | |
| Description of Property: <u>PERSONAL RESIDENCE (1.51 AC) AND ADJOINING PASTURE (5.691 AC) - 1.51 AC</u> | | |
| Value of the Interest in the Parcel by Category: | | |
| <input type="checkbox"/> Category I (less than \$5,000) | <input type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input checked="" type="checkbox"/> Category VI (\$200,000 or more) |

| | | |
|--|---|---|
| Address or Location of Property: _____ | | <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| State: <u>LA</u> | Parish/County: <u>ST. MARTIN</u> | |
| Address: <u>REFINERY ST. BREAU BRIDGE, LA</u> <u>ST. MARTIN PARISH, LA</u> | | |
| Description of Property: <u>2.164 ACRE VACANT TRACT</u> | | |
| Value of the Interest in the Parcel by Category: | | |
| <input type="checkbox"/> Category I (less than \$5,000) | <input type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input checked="" type="checkbox"/> Category VI (\$200,000 or more) |

| | | |
|--|---|--|
| Address or Location of Property: _____ | | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| State: _____ | Parish/County: _____ | |
| Address: _____ | | |
| Description of Property: _____ | | |
| Value of the Interest in the Parcel by Category: | | |
| <input type="checkbox"/> Category I (less than \$5,000) | <input type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more) |

| | | |
|--|---|--|
| Address or Location of Property: _____ | | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| State: _____ | Parish/County: _____ | |
| Address: _____ | | |
| Description of Property: _____ | | |
| Value of the Interest in the Parcel by Category: | | |
| <input type="checkbox"/> Category I (less than \$5,000) | <input type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more) |

- * You are required to disclose the address, if any, and if no address, the location by state, and parish/county.
- * Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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Schedule F: Income from the State, Political Subdivisions, and/or Gaming Interests☐ Check if not applicable☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): N/AName of Income Source: LOUISIANA PUBLIC SERVICE COMMISSIONAddress: P.O. Box 91154City, State, Zip: BATON ROUGE, LA 70821-9154Amount of Income (exact dollar amount): \$ 52,911.96☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

LOUISIANA BOARD OF ETHICS

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Schedule G: Income (income that exceeds \$1,000 from each source)

☐ Check if not applicable

☒ Filer ☐ Spouse

Name of Source of Income: FARMERS-MERCHANTS BANK & TRUST CO.

Address: 100 SOUTH MAIN ST

City, State, Zip: BRENN BRIDGE, LA 70517

Nature of Services Rendered: BOARD SERVICES

Type of Income: FEES, INTEREST

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☒ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☒ Filer ☐ Spouse

Name of Source of Income: SUNOCO PARTNERS, LLC

Address: 1735 MARKET ST.

City, State, Zip: PHILADELPHIA, PA 19103

Nature of Services Rendered: INDEPENDENT BOARD SERVICES

Type of Income: FEES, DIVIDEND DISTRIBUTION, UNIT AWARDS

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☒ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☒ Filer ☐ Spouse

Name of Source of Income: PLANNING STRATEGIES, LLC

Address: 4349 MAIN HIGHWAY

City, State, Zip: BRENN BRIDGE, LA 70517

Nature of Services Rendered: ADMINISTRATIVE

Type of Income: MEMBER DISTRIBUTION

Amount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☒ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered: _____

Type of Income: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

* Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.

* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE H.

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Schedule H: Income from Certain Professional or Consulting Services

☒ CHECK if no income was received from professional or consulting services (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

☒ Check if not applicable

| | | | | |
|--------------------------------|----------------------------|---------------------|--|--|
| UTILITIES | INDUSTRY TYPE | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY | INCOME RECIPIENT |
| | Electric | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Gas | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Telephone | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Water | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Cable Television Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| TRANSPORTATION | INDUSTRY TYPE | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY | INCOME RECIPIENT |
| | Intrastate Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Pipeline Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Oil & Gas Exploration | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Oil & Gas Production | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Oil & Gas Retailers | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| FINANCE & INSURANCE | INDUSTRY TYPE | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY | INCOME RECIPIENT |
| | Banks | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Savings & Loan Assoc. | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Loan and/or Finance | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Manufacturing Firms | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Mining Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Life Insurance Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Casualty Insurance Comp. | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Other Insurance Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Income From Certain Professional or Consulting Services (continued)**☒ Check if not applicable

| | | | | |
|-------------------------|-----------------------|---------------------|--|--|
| RETAIL COMPANIES | INDUSTRY TYPE | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY | INCOME RECIPIENT |
| | Beer Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Wine Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Liquor Companies | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Beverage Distributors | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| ASSOCIATIONS | INDUSTRY TYPE | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY | INCOME RECIPIENT |
| | Trade | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | Professional | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| OTHER | INDUSTRY TYPE | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY | INCOME RECIPIENT |
| | | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| | | | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |

* You are required to complete SCHEDULE H if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

CATEGORY RANGES:**CATEGORY I (LESS THAN \$5,000)****CATEGORY II (\$5,000-\$24,999)****CATEGORY III (\$25,000-\$49,999)****CATEGORY IV (\$50,000-\$99,999)****CATEGORY V (\$100,000-\$199,999)****CATEGORY VI (\$200,000 OR MORE)**

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule I: Investment Holdings** (a holding that exceeds \$1,000 in value)☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothName of Security: SXLDescription of Security: COMMON UNITS - PURSUANT TO LONG TERM INCENTIVE PLAN
NONE VESTEDValue by Category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☒ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

Value by Category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

Value by Category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

Value by Category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE I if you or your spouse holds investment securities that have a value that exceeds \$1,000 each.

*You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

*You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule J: Transactions** (a transaction that exceeds \$1,000)☒ Check if not applicable☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures THAT EXCEED \$1,000, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.

* You ARE NOT REQUIRED to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule K: Liabilities (a liability that exceeds \$10,000)

☐ Check if not applicable

| | | | |
|--|---------------------------------|---|---|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Name of Creditor: <u>IBERIA BANK MORTGAGE</u> | |
| Address: <u>P.O. Box 7171</u> | | City, State, Zip: <u>LITTLE ROCK, AR 72223</u> | |
| Name of Guarantor (if applicable): <u>N/A</u> | | Nature of Liability: <u>PERSONAL RESIDENCE</u> | |
| Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) | | <input type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input checked="" type="checkbox"/> Category IV (\$50,000-\$99,999) | | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more) |

| | | | |
|--|---------------------------------|--|---|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Name of Creditor: <u>BANK OF AMERICA</u> | |
| Address: <u>PO Box 15026</u> | | City, State, Zip: <u>WILMINGTON, DE</u> | |
| Name of Guarantor (if applicable): <u>N/A</u> | | Nature of Liability: <u>REVOLVING CREDIT</u> | |
| Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) | | <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more) |

| | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Filer | <input checked="" type="checkbox"/> Spouse | Name of Creditor: <u>FARMERS & MERCHANTS BANK & TRUST</u> | |
| Address: <u>100 SOUTH MAIN STREET</u> | | City, State, Zip: <u>BRENN BRIDGE, LA 70517</u> | |
| Name of Guarantor (if applicable): <u>N/A</u> | | Nature of Liability: <u>REAL ESTATE MORTGAGE</u> | |
| Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) | | <input type="checkbox"/> Category II (\$5,000-\$24,999) | <input checked="" type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more) |

| | | | |
|--|---------------------------------|--|---|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Name of Creditor: <u>SALLIE MAE</u> | |
| Address: <u>PO. BOX 9532</u> | | City, State, Zip: <u>WILKES-BARRE, PA 18773-9532</u> | |
| Name of Guarantor (if applicable): <u>N/A</u> | | Nature of Liability: <u>STUDENT LOAN</u> | |
| Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) | | <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999) | | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more) |

- * You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.
- * You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.
- * You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.
- * You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule L: Contributions** (made within one year of employment - in excess of \$1,000)☒ Check if not applicable

Date of Employment: _____

Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____

Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____

Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____

Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____

Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

* You are required to complete SCHEDULE L if you are 1) directly employed by a *statewide elected official* to serve as an agency head AND you made a contribution or loan in excess of \$1,000 to the campaign of the official who employed you; and/or, 2) appointed to a state board or commission AND you made a contribution or loan in excess of \$1,000 to a campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of employment or appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.